

Embodied Psychotherapy

Olivia Fae Stadler, MA, LMFT #115228

Phone: 415-964-0892

EIN/Tax ID: 84-2949325

Credit Card Manual-Entry Agreement

This agreement between Olivia Fae Stadler, MFT, and (client's name:)

_____ grants permission for Olivia Fae Stadler to hold client's credit card information, and to manually process payment **in the event of an unpaid balance or a missed appointment without prior 24-hour cancellation.** All credit card information will be held securely and confidentially. Client may cancel this agreement at any time.

Name on Card _____

Card Type: VISA | MasterCard | Discover | AMEX | Other: _____

Card Number _____

Expiration Date _____ Card Security Code _____

Billing Zip Code _____

Client may choose to receive a receipt of manually processed payments by providing an email address below:

Email: _____

I hereby authorize Olivia Fae Stadler to hold my credit card information and to manually process payments for psychotherapy services rendered and/or missed appointments without prior 24-hour cancellation. Payments will be processed within one month of scheduled psychotherapy sessions.

Client's Signature _____ Date _____